

Use of form: Completion of this form is mandatory under the provisions of HFS 51.06(1) for persons whom the Department has determined meet the screening requirements for an adoptive home or otherwise qualify to submit an adoption application. If the Department receives an incomplete home study application form, the form shall be returned to the inquirer for completion. The Department may close the application process to any person who has been provided with an application form if the form has not been completed and returned within 60 days after the date of mailing. The application date is the date the form is received by the Department with complete information. Your social security number will be used for identification purposes only.

Instructions: Return the completed, signed form to your regional adoption supervisor.

Husband or Single Male			Wife or Single Female		
Name - (Last, First, Middle)			Maiden Name - (Last, First, Middle)		
Previous names (If applicable)			Previous names (If applicable)		
Birthdate (mm/dd/yyyy)	Birthplace		Birthdate (mm/dd/yyyy)	Birthplace	
Social Security Number	Religion		Social Security Number	Religion	
Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	ICWA Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	ICWA Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (Circle up to 5) A = Asian W = White B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native			Race (Circle up to 5) A = Asian W = White B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native		
Education - Indicate year completed. <u>Grade School</u> <u>High School</u> <u>Post High School</u> _____ _____ _____			Education - Indicate year completed. <u>Grade School</u> <u>High School</u> <u>Post High School</u> _____ _____ _____		
Address - Home (Street, City, State, Zip Code)				County	
Township or Village (If applicable)			Telephone Number - Home (Include area code)		
Directions for reaching residence					
Length of time residing at above address			Length of time residing in Wisconsin		

Husband or Single Male		Wife or Single Female	
Occupation	Work Hours	Occupation	Work Hours
Name - Employer	Date Started	Name - Employer	Date Started
Address - Work	Telephone - Work	Address - Work	Telephone - Work
Last Previous Employer	Position	Last Previous Employer	Position
If SELF-EMPLOYED, business name and nature		If SELF-EMPLOYED, business name and nature	
<input type="checkbox"/> Individually owned <input type="checkbox"/> Jointly owned	Date Established (mm/dd/yyyy)	<input type="checkbox"/> Individually owned <input type="checkbox"/> Jointly owned	Date Established (mm/dd/yyyy)

[illegible]

Husband or Single Male	Wife or Single Female
Name - Physician	Name - Physician
Address - Physician	Address - Physician
General Health - Check one. <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	General Health - Check one. <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Health problem(s) in your family history? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", - Specify.	Health problem(s) in your family history? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", - Specify.

[illegible]

[illegible][illegible][illegible][illegible]

County(s) and municipality(s) in which each adult caretaker in the home has lived or worked in the last 5 years - Specify.

[illegible]

I. FINANCIAL STATEMENT

Annual Income

Gross income - husband \$ _____
Gross income - wife \$ _____
Gross income - total annual \$ _____
Net income after taxes - annual \$ _____

Assets

Home value - current \$ _____
Savings account(s) - total \$ _____
Stocks and bonds - total \$ _____
Life insurance - husband or single male
Name - _____
Company _____
Face value of policy \$ _____
Life insurance - wife or single female
Name - _____
Company _____
Face value of policy \$ _____
Other assets - List.
\$ _____
\$ _____
\$ _____
\$ _____

Monthly Expenditures

Rent or mortgage payments \$ _____
Heat and utilities \$ _____
Groceries \$ _____
Recreation and entertainment \$ _____
Transportation \$ _____
Installment purchases \$ _____
Savings \$ _____
Clothing \$ _____
Voluntary contributions \$ _____
Insurance premiums \$ _____

Liabilities

Mortgage balance - current \$ _____
Loans, notes, liabilities - total amount due \$ _____
Other debts or liabilities - List.
\$ _____
\$ _____
\$ _____

Retirement

Are you under a retirement plan? ☐ Yes ☐ No

Insurance - Medical

Do you have family medical insurance? ☐ Yes ☐ No
If "Yes", - Specify.

Company Name _____

Insurance - Homeowner's or Renter's

Do you have homeowner's or renter's insurance? ☐ Yes ☐ No
If "Yes", - Specify.

Company Name _____

Policy Number _____

Medical and dental \$ _____
Household expenses \$ _____
Education expenses \$ _____
Other major expenses - List.
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

J. REFERENCES

You may be asked to consider signing a release of information form regarding our contacting the references you provide.

List names of three persons who know you well and are not related to you.

Name	Address - Street, City, State, Zip Code	Telephone Number

K. AUTHORIZATIONS

In making our (my) application to the Division of Children and Family Services for placement of a child, we (I) understand there is not a commitment by the agency that a child will be placed in our (my) home. The agency is free to consult with the persons or entities named herein. We (I) understand that the Department will not limit their inquiries to those persons identified herein. The Department reserves the right to request the consent of the applicant(s) to contact additional community / personal references. The statements in this application are, to the best of our (my) knowledge and true belief, correct and complete. Knowingly providing false information on this application form can result in the Department closing the adoption application under HFS 51.07(3).

SIGNATURE - Wife or Single Female

Date Signed

SIGNATURE - Husband or Single Male

Date Signed